Provider E-Newsletter

Disclaimer: All information included herein is of an informative nature only. This newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from the Department of Medical Assistance Services (DMAS).

Articles in This Issue

Volume VIII

NPI Updates

The NPI is here. The NPI is now. Are you using it?

Dual Use NPI/API Extension

DMAS has extended Virginia's NPI/API Dual Use Period. DMAS is currently reviewing contingency plans and will issue official guidance well in advance of Virginia's mandatory NPI compliance date. Providers should continue to transition to use of the NPI/API and full NPI Compliance as soon as possible.

Disclosure of NPIs

The NPI Final Rule requires covered healthcare providers to disclose their NPI to entities that request them for use in HIPAA standard transactions. **DMAS intends to disclose Providers NPIs to other Healthcare Entities for the purpose of conducting healthcare transactions, pursuant to CMS guidance** http://www.cms.hhs.gov/NationalProvIdentStand/.

Most Common Error Reason Codes Received when Billing with an NPI

Below, you will find the most common Error Reasons Providers receive when billing with the NPI incorrectly, and the Common Resolutions for fixing those errors when resubmitting those denied claims at Virginia Medicaid. This list is intended to assist you with resolving these denied claims issues prior to calling the Helpline. Please print and post this list within your office for easy reference and use.

Provider Manuals with updated billing instructions are available on the DMAS website at: http://www.dmas.virginia.gov/prm-provider_manuals.htm

DMAS Provider Helpline: **1-804-786-6273 Richmond area and Outside Virginia**
1-800-552-8627 In-state, toll-free

DMAS Error Code	HIPAA Remark Code (835)	DMAS Error Code Description --- HIPAA Remark Code Description	Common Resolutions
0730	N55	**Servicing Provider Not Member Of Group** --- Procedures for billing with group/referring/performing providers were not followed.	The individual practitioner must be enrolled with DMAS, and a Reassignment of Benefits Form must be completed in order to associate the practitioner with the Group. For assistance, contact the First Health Provider Enrollment Unit at 1-888-829-5373.
0757	N55	**Servicing Provider Cannot Be A Group Provider** --- Procedures for billing with group/referring/performing providers were not followed.	The group practice NPI cannot be used for the Rendering (Servicing) Provider ID. The NPI for the individual practitioner must be entered in locator 24J on the CMS-1500 (08/05) or in the Rendering Provider ID field on the 837P electronic claim submission.
1332	M57	**NPI Billing Provider Not on File**	The Billing Provider must enroll their NPI with DMAS. For assistance, contact the First Health Provider Enrollment Unit at 1-888-829-5373.

		---------- Missing/incomplete/invalid provider identifier.	This error also occurs when the legacy 9-digit Medicaid Provider Identification Number (PIN) was submitted in the Billing Provider NPI locator 33a. The Medicaid PIN should be entered in 33b, immediately preceded by the ID qualifier of "1D". In some cases, providers may be sending an old 7-digit Medicaid PIN as the Billing Provider in 33b when they should be sending 9-digits (two leading zeroes added to the beginning of the old 7-digit PIN). NOTE: DMAS cannot send an RA for this error because we were unable to match to a provider enrolled on our files.
1357	N290	**Servicing Provider Not on File** ---------- Missing/incomplete/invalid rendering provider primary identifier.	The Rendering (Servicing) Provider must have their NPI enrolled with DMAS. For assistance, contact the First Health Provider Enrollment Unit at 1-888-829-5373. This error also occurs when the provider has placed their legacy Medicaid Provider Identification Number (PIN) in the NPI field on the claim. The 9-digit legacy Medicaid PIN should be placed in the red-shaded area of 24J preceded by the "1D" ID Qualifier. In some cases providers may be sending an old 7-digit Medicaid PIN as the Rendering Provider ID when they should be sending 9-digits (two leading zeroes added to the beginning of the old 7-digit PIN).
1399	N77	**Cannot Combine Medicaid/Medicare ID And NPI** ---------- Missing/incomplete/invalid designated provider number.	On Group Practice claims, both the Billing Provider ID and the Rendering Provider ID locators must contain an NPI. When this error occurs, one of these fields contained an NPI, and the other field contained a Medicaid PIN or a Tax ID Number: EIN/SSN. For claims sent by an individual or organization, the Billing Provider ID and Rendering Provider IDs were both present, yet one contained an NPI while the other did not. On these claims, the Billing Provider ID and the Rendering Provider ID information need to be identical.

- DMAS has been returning the obsolete claims forms UB 92 and CMS-1500 (12-90) to providers since June 1, 2007. Effective September 3, 2007 claims received on the obsolete form will be shredded rather than being returning to the provider.

- DMAS is currently returning to providers the CMS-1500 (08/05) claim form whenever the Medicaid legacy provider number is on the claim without the 1D qualifier in locator 24I (red-shaded) and or 33b. If you are submitting your appropriate NPI in both the rendering (locator 24J) and billing (locator 33a) location, you do NOT need to submit your Medicaid legacy provider number. DMAS will process your claim with the NPI.

Upcoming NPI NEWS

Please visit the DMAS website frequently for updates and questions about NPI. We are in the final phases of the NPI and it is critical you remain connected to ensure no disruption in your cash flow as a result of the NPI/API transition. http://www.dmas.virginia.gov/npi-home_page.htm If you have NPI/API questions that are not answered on our Web Site, e-mail us at NPI@dmas.virginia.gov.

Getting and sharing an NPI is free - not using it can be costly.

Direct Deposit

Would you like your Medicaid and FAMIS checks to be automatically deposited in the account of your choice?

Direct Deposit benefits include:

1. There are no checks to be misplaced, lost or stolen.

2. Quicker receipt of payment–Payments reach your account the day the check is issued -- even if you are out of town, sick or unable to get to your financial institution.

3. Saves you time–It can save you trips to the bank and help you avoid long lines at tellers or ATMs.

If you want to participate in the Direct Deposit program, it's easy just follow the link, http://www.dmas.virginia.gov/downloads/forms/pe-eft_enrollment.pdf

Integration of Acute and Long Term Care Services

Virginia has been proactive in moving the elderly and persons with disabilities into managed care years ago. Currently, more than 49,000 elderly and persons with disabilities have their health care needs successfully managed by one of seven managed care organizations across Virginia.

However, once these clients need long-term care services and/or become both Medicaid and Medicare eligible (known as dual eligibles), they are moved out of a managed care environment into a fragmented fee for service environment with little or no coordination of their health care and long-term care needs. This disruption in care is not good for the enrollee and is costly for the Commonwealth.

Governor Timothy Kaine, with support from the 2006 General Assembly, set in motion a major reform of the Virginia Medicaid funded long-term care services program, which will focus on care coordination and integration of acute and long-term care services for our most vulnerable citizens—low-income seniors and people with disabilities. DMAS will implement a program change that will expand its current managed care population by retaining those enrollees in managed care once they require long-term care services.

Effective September 1 2007, once the individual is approved for home and community based services (excluding Technology Assisted Waiver services) they will remain in the MCO for their acute medical care services. Their waiver services, including transportation to the waivered services, will be paid through the Medicaid fee-for-service program. This program change will not address the dual eligibles; all services for these enrollees will still be moved out of managed care when they become Medicare eligible.

For more information contact altc@dmas.virginia.gov.

CHCS Disparities Project

In December 2006, The Department of Medical Assistance Services (DMAS) along with Virginia Premier Health Plan, Inc. (VAP) was awarded with a *State Innovation Award for Improving Health Care Quality for Racially and Ethnically Diverse Populations* from the Center for Health Care Strategies (CHCS). Virginia was one of three states nationally to win this award.

The grant was used to pilot a program to reduce racial and ethnic disparities among postpartum Medicaid/FAMIS Virginia Premier members by increasing the number of and the length of time African American women breastfeed their infants in the Richmond Metropolitan area. In 2005, Virginia Premier had 4884 live births of which only 27% attempted to breastfeed. The number of breastfeeding attempts was even lower for African American mothers, with only 22% in the City

of Richmond and Chesterfield County who were enrolled in the Virginia Premier health plan attempting to breastfeed at delivery.

The goal of the Virginia CHCS project was to increase the percentage of African American mothers who breastfeed from 22% to 40%. The project included targeted interventions including collaboration with providers, and providing breastfeeding education (including videos and a hotline), peer counseling, and breast pumps for working mothers and mothers separated from their infants due to health reasons. Two hospitals were targeted in the project: Virginia Commonwealth University Health System (Richmond, VA) and HCA Hospital (Chesterfield County, Virginia). The grant period ran from January 23, 2007, to April 15, 2007.

The CHCS project substantially increased the rate of breastfeeding among African American women enrolled in Virginia Premier Health Plan. While Virginia Premier set a target rate of breastfeeding for the CHCS project as 40% of all mothers attempting to breastfeed, Virginia Premier exceeded this rate with 51% of mothers attempting to breastfeed and 37% continuing to breastfeed after one month (a baseline for this measure was not available).

The CHCS breastfeeding project also established new interventions that Virginia Premier plans to continue and enhanced relationships with community partners such as the Health Department, the Elizabeth Project, and the Women, Infants, and Children (WIC) program. This project will also be used to illustrate to providers the importance of referring participants to managed care maternity support programs.

The Center for Health Care Strategies (CHCS), in Hamilton, NJ, provided funding for the *State Innovation Award for Improving Health Care Quality for Racially and Ethnically Diverse Populations.* This grant was made possible through a separate grant to CHCS by the Robert Wood Johnson Foundation.